

SECTION 6 ADJUSTMENTS

Providers who are paid incorrectly for a claim may use the paper *Individual Adjustment Request* form to request an adjustment. Providers may also submit an adjustment via the internet by using the claim frequency type option 7 for replacement and 8 for void. Adjustments may not be requested when the net difference in payment is less than \$4.00, or \$.25 for pharmacy, per claim. If the adjustment is due to an insurance payment, or involves Medicare, the \$4.00, or \$.25, minimum limitation does not apply.

In some instances, more than one change may be necessary on a claim. **All** the changes to the claim must be addressed on the same *Individual Adjustment Request* form. Specify all the changes required, addressing each change separately. Field 15 of the form may be used to provide additional information. More than one claim **cannot** be processed per *Individual Adjustment Request* form. Each adjustment request addresses one particular claim. A separate *Individual Adjustment Request* form must be completed for each claim that requires changes, even if the changes or errors are of a similar nature or are for the same patient.

Providers submitting adjustment requests for changes in procedure codes must provide documentation for these changes. A copy of the original claim and the medical or operative report must be attached, along with any other information pertaining to the claim.

If an adjustment does not appear on a Remittance Advice within 90 days of submission, a copy of the original *Individual Adjustment Request* and attachments should be resubmitted. Photocopies are acceptable. Mark this copy with the word "Tracer". Submitting another request without indicating it as a "tracer" can further delay processing.

See Section 4 of the Medicaid *Provider Manual* for timely filing requirements for adjustments and claim resubmissions. *Individual Adjustment Requests* form are to be submitted to the address shown on the form.

A sample Individual Adjustment Request is shown on the following page.

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
MISSOURI MEDICAID
INDIVIDUAL ADJUSTMENT REQUEST

☐ UNDERPAYMENT

☒ OVERPAYMENT

TO FACILITATE PROCESSING, PLEASE ATTACH THE FOLLOWING:

1. Claim Copy
2. Remittance Advice Copy

FORWARD ORIGINAL TO:

ATTENTION: ADJUSTMENT UNIT
DIVISION OF MEDICAL SERVICES
P O BOX 6500
JEFFERSON CITY MO 65102

PLEASE ENTER THE FOLLOWING DATA FROM YOUR REMITTANCE ADVICE:

3. INTERNAL CONTROL NUMBER 1503225192499	6. RECIPIENT NAME Nelson, Harriett
4. RECIPIENT MEDICAID NUMBER 12345678	7. REMITTANCE ADVICE DATE 08/22/2003
5. PROVIDER LABEL Scott, David 200000000 486 Doctors Lane Medical City, MO 60000	8. R.A. PAGE NUMBER 7

REFER TO PROVIDER MANUAL ADJUSTMENT SECTION FOR INSTRUCTIONS

	SERVICE DATE	INFORMATION ON REMITTANCE ADVICE	CORRECTED INFORMATION
8. QTY/UNITS			
9. NDC/PROCEDURE CODE			
10. SERVICE DATE(S)			
11. BILLED AMOUNT			
12. PAID AMOUNT	08/04/2003	\$24.00	\$0.00
13. PATIENT SURPLUS			
14. OTHER RESOURCES (TPL) (IDENTIFY SOURCE)			

15. OTHER/REMARKS

Billed Medicaid in error. Please take back payment.

HELPFUL HINTS FOR FILING AN ADJUSTMENT REQUEST FORM

1. Only one Internal Control Number (ICN) is allowed per adjustment request.
2. If you want Medicaid to recoup an entire payment, do *not* enter each line of the claim. Instead, complete the top of the form and line 12 only. Enter the date of service, the amount Medicaid paid and a "0" in the corrected information field.
3. When a change to a claim is necessary, such as a service date or quantity, use the ICN of the claim which paid and file an adjustment request. Do *not* send a new claim as it will deny as a duplicate.
4. An ICN beginning with a 70 or 75 credits or recoups the original paid claim; an ICN beginning with a 50 or 55 repays the claim with the corrected payment information.
5. Use the "Remarks" section of the adjustment request form to explain the reason for the correction.

16. PROVIDER'S SIGNATURE	TITLE	DATE 09/30/2003
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